NURSES TAKING A STAND

A Tool Kit for Addressing Racism in Nursing and Healthcare

Presented by ONL's Diversity, Equity, Inclusivity, and Belonging Task Force

MAY 2022

Acknowledgements

ONL prides itself on collaboration and on bringing together the diverse perspectives of nurse leaders at all levels from different personal and professional backgrounds.

We appreciate the commitment and contributions of ONL's Diversity, Equity, Inclusivity, and Belonging Task Force and others who contributed to bringing this Tool Kit to fruition:

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Contents

About ONL

The Organization of Nurse Leaders - MA, RI, NH, CT, VT (ONL) is a not-for-profit membership organization dedicated to empowering current and aspiring nurse leaders so they may advance the health of their patients and communities and transform practice. Our mission is to advance a culture of health through nursing leadership and professional governance.

We believe that all nurses are leaders. Our more than 1,100 members include nurses of all levels, in multiple practice and academic settings, including chief nursing officers, directors, deans, professors, managers, APRNs, clinical nurse specialists, and clinical nurses in hospitals, home care, post-acute care, and ambulatory settings. Together they lead more than 275,000 licensed nurses who care for millions of patients each year.

ONL has a deeply held, long-standing commitment to eliminating bias and racism. Nursing is the largest healthcare profession, and nurses play an important role in any setting in which care is being provided. ONL believes that the societal trust afforded to nurses, our leadership, and our experience can make a difference in our communities, and it is our ethical obligation and responsibility to confront racism in nursing and healthcare.

ONL Diversity, Equity, Inclusivity, and Belonging Task Force

In the last few years, the national spotlight has grown on profound and deeply rooted racial injustices and inequalities in all aspects of our society, as evidenced by disproportionately higher COVID-19 death rates in nonwhite communities and by a tragic number of high-profile police shootings of black and brown people. The confluence of these circumstances struck a chord with nurse leaders who were continuously trying to support nursing and care teams to cope with—and better understand—these long-standing inequities.

ONL felt compelled to act. Expanding on a long-standing relationship with the New England Regional Black Nurses Association (NERBNA), ONL formed a Diversity, Equity, Inclusivity, and Belonging (DEIB) Task Force charged with sharing strategies that increase awareness and facilitate the integration of inclusivity, diversity, and equity in nursing culture and organizational structure. The Task Force was created with intentionality to bring together nurse leaders of different personal and professional backgrounds to ensure diverse perspectives would be included.

Given the scope of DEIB work, the Task Force membership participated in a lively debate about the purpose of this Tool Kit. Through this healthy discussion, the group decided that although the principles contained herein apply to many marginalized groups, the primary focus of this Tool Kit would be to address these elements through the lens of racism. The scope of this Tool Kit does not explicitly address topics such as gender identity, sexual orientation, physical disability, and others, because of the group's desire to provide greater depth of focus on racism.

Working together, the DEIB Task Force and NERBNA co-led an effort to align and unite our profession in service to communities and the country. The result was the creation of the *Nurses' Pledge to Champion Diversity, Equity, and Inclusivity* (https://survey.zohopublic.com/zs/gzBoEB, and found on next page). The DEIB Task Force also led the development of *ONL's Position Statement on Racism* (https://www.oonl.org/position-statement).

To help bring into broad action the important commitments of the Nurses' Pledge and the Position Statement, the DEIB Task Force then created this *Tool Kit for Addressing Racism in Nursing and Healthcare*. The Tool Kit provides resources and actionable strategies to help nurses and nurse leaders at all levels cultivate environments that are inclusive of diverse people and perspectives.

The Nurse's Pledge
to Champion Diversity, Equity & Inclusivity

Together in partnership with the New England Regional Black Nurses Association (NERBNA), we at ONL believe it is time for nurses to take action to eliminate bias and racism. We urge you to commit to becoming an active and purposeful change agent by taking the Nurse's Pledge to Champion Diversity, Equity, and Inclusivity.

As a nurse, I pledge to:

- ✔ **Actively listen to learn**

- ✔ **Champion strategies that advance equity**

- ✔ **See, hear, and accept people from every race and culture**

- ✔ **Promote the practice of self-assessment for unconscious biases**

- ✔ **Examine my practice and consider methods I can employ to stop contributing to systemic racism**

- ✔ **Be anti-racist, and stand with and stand up for, those with racially and culturally diverse backgrounds**

- ✔ **Foster a culture of diversity, equity, and inclusivity**

- ✔ **Increase diversity within my sphere of influence**

- ✔ **Advocate for anti-racist training in formal education**

- ✔ **Hold myself and others accountable to committing to reforms and action**

- ✔ **Pursue social justice by listening and engaging in dialogue with others, even when it is uncomfortable**

- ✔ **Support legislative efforts aimed at eliminating racism and discrimination, and supporting basic human rights**

- ✔ **Educate myself about systemic injustice, and then use my trusted voice to influence and educate others**

STEP UP. SPEAK UP.
TAKE THE PLEDGE
https://survey.zohopublic.com/zs/gzBoEB

Introduction: A Tool Kit for Addressing Racism in Nursing and Healthcare

The Essential Role of Nurses in Advancing Health Equity

Nurses are the largest healthcare workforce and are present in nearly every setting where care is being provided, including acute care, community health, and public health settings. Nurses often serve as the first and most frequent line of contact with people of all backgrounds and experiences seeking care. Nurses may also serve as team members and leaders, primary care providers, patient and family advocates, population health coordinators, educators, public health professionals, health systems leaders, organizational and public policy makers, researchers, scientists, and informaticists.[1]

Through each of these roles, nurses impact the medical and social factors that drive health outcomes and health and healthcare equity. Nurses go beyond treating a health problem; the Nursing Code of Ethics obligates nurses to "integrate principles of social justice into nursing and health policy."[2] Just as it applies to safety or quality of care, the ethical and moral obligation outlined in the Nursing Code of Ethics applies equally to confronting racism to advance equity in healthcare.

Given our numbers, presence across healthcare settings, exposure to patients, and many roles, nurses and nurse leaders at all levels have a critical role to play; they are uniquely and strategically positioned to make an impact on reducing health disparities and achieving health equity.

Purpose of This Tool Kit

We know that breaking down racial barriers and building inclusive environments requires partnership, hard work, collaboration, and crucial conversations. It will require nurses to use their influence and trustworthiness to confront racist actions, raise awareness, and address biases. It will mean initiating uncomfortable yet meaningful dialogue with frontline nurses, nurse managers, and nurse executives to bring institutional awareness.

This Tool Kit for Addressing Racism in Nursing and Healthcare is a resource for all nurses and nurse leaders, regardless of their level of experience with DEIB efforts or the place from which they are starting this work. It aims to provide actionable strategies for cultivating a diverse and inclusive workplace.

> **Nurses and nurse leaders at all levels have a critical role to play; they are uniquely and strategically positioned to make an impact on reducing health disparities and achieving health equity.**

Definitions

Before tackling diversity, equity, inclusivity, and belonging initiatives, here are key terms to understand:

- **Diversity** is defined as affirming all the ways in which people differ.
- **Equity** is defined as assuring the right conditions for all people to thrive and achieve their full potential.
- **Inclusivity** is defined as the welcoming and active engagement of all voices within every aspect of the organization and with an intentional emphasis on embracing those who have been or feel marginalized or disenfranchised.
- **Belonging** is the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group. It is when an individual can bring their authentic self to work.

Who Should Use This Tool Kit

This Tool Kit is designed to serve all nurses and nurse leaders in their respective organizations and presents strategies for confronting racism and advancing diversity, equity, inclusivity, and belonging in nursing culture. Although the Tool Kit is designed for frontline nurses, nurse managers, and nurse executives, it will benefit all healthcare providers, community members, healthcare stakeholders, and anyone interested in meaningfully improving diversity, equity, inclusivity, and belonging in their community.

Recognizing and addressing systemic racism in healthcare organizations requires commitment on the part of organizational leaders at all levels and in multiple disciplines. This Tool Kit is designed to be a useful tool for a variety of healthcare settings and departments and can be customized to organizational culture and population.

The Nursing Process and This Tool Kit

This Tool Kit for Addressing Racism in Nursing and Healthcare is based on the Nursing Process Framework. The Nursing Process is a theoretical nursing practice construct of historical significance, developed in the 1960's by nurse theorist Ida Jean Orlando (1961).[3] Over time, the elements have evolved to support effective nursing practice and education (1990).[4] The process is based on the scope of nursing practice and requires an assessment, diagnosis, plan, implementation, and evaluation of the needs of individuals or groups of clients.

With the Nursing Process as a guide, the Tool Kit provides an opportunity to identify best practices to promote diversity, equity, inclusivity, and belonging effectively and sustainably while delivering quality care and optimizing patient outcomes.

The Nursing Process — Assessment, Diagnosis, Plan, Implementation, Evaluation

Tool Kit Design

The resources shared within this Tool Kit are organized around six topic areas within the umbrella of diversity, equity, inclusivity, and belonging. For each topic area, a definition of terms is offered, followed by a collection of resources that should be explored by the reader for further learning and consideration.

How to Use This Tool Kit: A Guide For Facilitators

Nurses Taking a Stand—Together

As the largest healthcare workforce and with a presence in nearly every care setting, nurses are uniquely positioned to make an impact and bring about change in our communities, especially when we band together. This is an exciting time for nurses to do what we do best—assess, plan, and implement changes—to promote inclusivity and break down racial barriers in healthcare.

The work of addressing biases, confronting racist actions, and raising awareness is incredibly difficult, important, and necessary. It will mean initiating uncomfortable yet meaningful dialogue with frontline nurses, nurse managers, and nurse executives to bring institutional awareness. Luckily, nurse leaders have long recognized and mastered the art and skills necessary to conduct crucial and difficult conversations—those where the stakes are high, opinions vary, and emotions run strong.[5] Nurse leaders also know that the ability to handle these conversations effectively is a skill that needs to be continually developed and practiced.

This Tool Kit for Addressing Racism in Nursing and Healthcare is a resource for facilitating conversations that move this essential work forward. It should be used as a roadmap in tandem with other organizational efforts to advance diversity, equity, inclusivity, and belonging, which must be supported by structural, long-range change within departments and organizations.

Guiding Principle #1: Start with Heart

The first principle of crucial conversations, including those about diversity, equity, inclusivity, and belonging, is to "start with heart."[6] This means taking the time to reflect on your own biases and understanding while also focusing on the desired outcome of the conversation. It requires approaching all participants with empathy while striving for accountability without shame. It also means being willing and open to what participants want out of the dialogue. In her discussion guide to "So You Want to Talk About Race," Ijeoma Oluo cautions leaders to ascertain what participants want to get out of the discussion before diving in.[7]

Guiding Principle #2: Create a Safer Space

Another important principle of dialogue is to recognize the need for boundaries and the responsibility to create a "safer space" for all participants. In conversations about race, it is critical to be tuned into behaviors that signal a threat to safety and be prepared to enforce the agreed-upon boundaries. Constant monitoring of the tone of the conversation can allow for feelings and emotions but preserve the boundaries.

Guiding Principle #3: Practice Self-Awareness

Practicing self-awareness is an important leadership skill. Nurse leaders should work to understand how they react under stress. A helpful diagnostic tool for understanding your own reactions is the Style Under Stress Assessment[8] (https://cruciallearning.com/style-under-stress-assessment/). When emotions are running strong and opinions differ, self-awareness can help protect trust and mutual respect, preserve the safer space, and ensure productive dialogue.

Guiding Principle #4: Cultivate Open Dialogue

This Tool Kit is designed to facilitate open dialogue and conversations that advance efforts to improve diversity, equity, inclusivity, and belonging in healthcare settings. Facilitating positive and productive dialogue is not always easy.

A key resource for facilitators using this Tool Kit to consider is Ibram X. Kendi's Book Club Kit (https://www.ibramxkendi.com/s/bookclubkitANTIRACIST.pdf) for his book, *How to Be an Antiracist*.[9] In this book, Kendi explains that the opposite of "racist" is not "not racist;" the true opposite of "racist" is "antiracist." The Book Club Kit resource provides crucial discussion questions to consider during dialogue.

Before You Get Started: Framing the Path Forward

This Tool Kit for Addressing Racism in Nursing and Healthcare is a resource for nurses and nurse leaders at all levels to increase their awareness of barriers to an inclusive workplace and provides actionable strategies for overcoming these barriers.

Healthcare organizations and departments should use this Tool Kit as part of their broader efforts to create a more diverse, equitable, and inclusive workplace that enables employees to feel a strong sense of belonging and improves the quality of care and outcomes for patients.

> **As you think about how to implement and sustain meaningful change to advance diversity, equity, inclusivity, and belonging within your organization, here are some questions that may help you get started:**
>
> - From where within the organization is this work led? Who oversees or is accountable for it? Is this the right structure to advance the work?
>
> - Does your organization have a standardized assessment tool, such as a Staff Engagement Survey, the National Database of Nursing Quality Indicators (NDNQI) (https://www.health-links.me/web/ndnqi.html), or the Press Ganey Equity Partnership (https://healthcare.pressganey.com/LP=1395)?
>
> - Is this work embedded within the Department of Nursing's strategic plan?
>
> - Is there a larger Diversity, Equity, Inclusivity, and Belonging committee already in place within your organization with which you can connect?

RACISM //
Systemic Racism

Definitions

Systemic Racism, or *Institutionalized Racism*, is defined as the macro-level systems and structures encompassing social forces, institutions, policies, laws, practices, ideologies, and processes that interact with one another to generate and reinforce inequities between racial or ethnic groups.

Institutionalized Racism or Systemic Racism is the historically contingent and persistent ways in which social systems and institutions generate and reinforce inequities in access to power, privilege, and other resources among racial/ethnic groups deemed to be superior and those viewed as inferior. Such inequities can impact education, housing, economic opportunity, policing, criminal justice, voting rights, immigration, healthcare, and health outcomes. In short, systemic racism is the societal allocation of privilege based on race.

Resources

POSITION STATEMENT
Diversity, Equity, and Inclusivity, *ONL*
https://www.oonl.org/position-statement

VIDEO
Systemic Racism Explained, *Vubiz eLearning*
https://www.youtube.com/watch?v=-4lgvs4piFs

WEB-BASED WORKBOOK
Dismantling Racism Works Web Workbook
http://www.dismantlingracism.org/

ARTICLE
Racism's Corrosive Impact on the Health of Black Americans, *CBS News*
https://www.cbsnews.com/news/60-minutes-disease-black-americans-covid-19-2021-04-18/

ARTICLE
White Privilege: Unpacking the Invisible Knapsack, *Peace and Freedom Magazine*
https://psychology.umbc.edu/files/2016/10/White-Privilege_McIntosh-1989.pdf

ARTICLE
Proposal for a Global Agenda to Eliminate Racism in Nursing and Nursing Education, *Innovations in Higher Education Teaching and Learning*)
https://doi.org/10.1108/S2055-364120200000021004

VIDEO
What Is Systemic Racism? *University of Dayton*
https://www.youtube.com/watch?v=2i7JqY5IKPw

VIDEO
What Is Systemic Racism? *Dr. Tony Evans*
https://www.youtube.com/watch?v=p7Rq78jFiJg

WEBSITE
(Divorcing) White Supremacy Culture
http://www.whitesupremacyculture.info/

ARTICLE
African Born Black Nurses' Perception of Their U.S. Work Environment: Race Matters, *Nursing Outlook*
https://pubmed.ncbi.nlm.nih.gov/33353725/

VIDEO
The US Medical System is Still Haunted by Slavery, *Vox*
https://www.youtube.com/watch?v=IfYRzxeMdGs

ARTICLE
The White/Black Hierarchy Institutionalizes White Supremacy in Nursing and Nursing Leadership in the United States, *Journal of Professional Nursing*
https://doi.org/10.1016/j.profnurs.2020.05.005

Equity vs. Equality

Definitions

While the terms equity and equality may sound similar, the implementation of one versus the other can lead to dramatically different outcomes for marginalized people. *Equality* means each individual or group of people is given the same resources or opportunities. *Equity* recognizes that each person has different circumstances and allocates the resources and opportunities needed to reach an equal outcome.

Health Equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality. Addressing social determinants of health, including factors like socioeconomic status, education, neighborhood, physical environment, employment, social support networks, and access to healthcare, is important for improving health equity and reducing longstanding disparities in health and healthcare.

Resources

VIDEO

Equity vs. Equality, *Robert Wood Johnson Foundation*
https://www.youtube.com/watch?v=MlXZyNtaoDM

VIDEO

Dwinita Mosby Tyler: What if White People Led the Charge to End Racism? *TedX Talks*
https://www.youtube.com/watch?v=VQSW5SFBsOg

RESOURCE LIBRARY

Achieving Health Equity, *Robert Wood Johnson Foundation*
https://www.rwjf.org/en/library/features/achieving-health-equity.html

ARTICLE

Beyond Health Care: The Role of Social Determinants of Health in Promoting Health and Health Equity, *Kaiser Family Foundation*

https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

ARTICLE

Racism: Dismantling the Threat for Health Equity and the Nursing Profession, *Nursing Economics*
https://www.medscape.com/viewarticle/970175

VIDEO

Equity and Equality, *Rising Tide Center*
https://www.youtube.com/watch?v=nCS7Rus4_-Y

REPORT

The Role of Nurses in Improving Health Equity, *National Academy of Medicine*
https://www.ncbi.nlm.nih.gov/books/NBK573898/

RESOURCE LIBRARY

Health Equity, *American Public Health Association*

https://www.apha.org/topics-and-issues/health-equity

REPORT

Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities, *National Partnership for Women and Families*

https://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html

ARTICLE

Addressing Health Equity and Social Determinants of Health Through Healthy People 2030, *Journal of Public Health Management and Practice*

https://journals.lww.com/jphmp/Fulltext/2021/11001/Addressing_Health_Equity_and_Social_Determinants.9.aspx

Implicit Bias & Microaggressions

Definitions

Implicit bias or *unconscious bias* is defined as the prejudice that is present but not consciously held or recognized, pre-reflective attribution of particular qualities by an individual to a member of some social group, or an attitude, beliefs, or stereotypes that occur outside of our conscious awareness that can affect our understanding, actions, judgments, and decisions without knowledge. Implicit bias can predict how one behaves more accurately than our conscious values. It is not limited by race, ethnicity, nationality, gender, social status, sexuality, or even country of origin. It ranges from interpersonal interaction to broader implications at the macro-level.

In contrast, *explicit bias* is having conscious awareness or fully revealed preference toward a particular group of people. It includes stereotypes of a certain group of people. It is not limited by race, ethnicity, nationality, gender, social status, sexuality, or even country of origin. It ranges from interpersonal interaction to broader implications at the macro-level.

Relatedly, *microaggressions* are the everyday, subtle, and often unintentional interactions or behaviors that communicate bias toward historically marginalized groups. The difference between microaggressions and overt discrimination is that people who commit microaggressions might not even be aware they are doing something wrong. Microaggressions can impact a person's ability to do their job, sense of safety, and overall happiness. They may contribute to depression and anxiety, and lead to absenteeism. They can also impact a person's salary and job satisfaction; people may feel undervalued and avoid applying for promotions. Learning how to recognize microaggressions and change language accordingly can have an enormous impact on the happiness, productivity, and retention of our colleagues. Educating perpetrators on their harmful behaviors is a necessary step in controlling microaggressions.
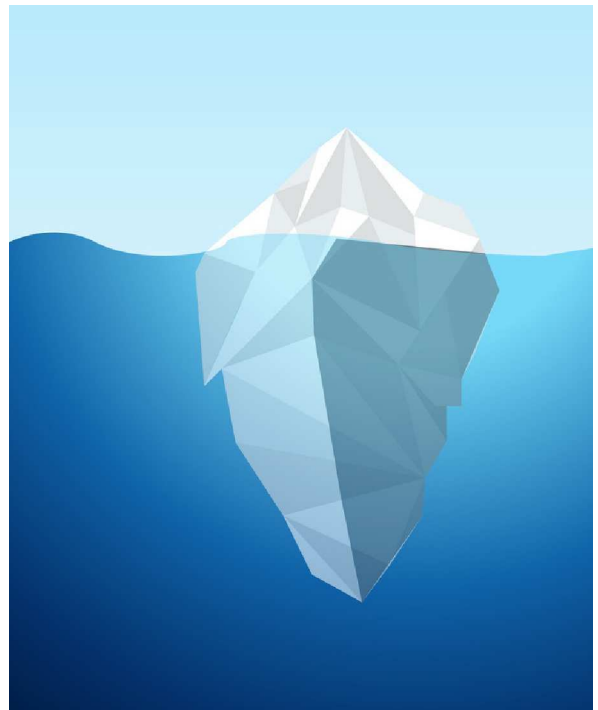
An iceberg can help illustrate the differences between implicit and explicit bias. Explicit bias is visible at the surface; it is the attitudes and beliefs we have about a person or a group on a conscious level. Implicit bias, by contrast, is the unconscious attitudes or beliefs that lie beneath the surface and may influence our behavior.

Continued

Resources

SELF-ASSESSMENT

Harvard's *Project Implicit* Implicit Bias Tests

https://implicit.harvard.edu/implicit/selectatest.html

VIDEO

Bryan Stevenson: How We Arrived Here, *YouTube Originals*

https://www.youtube.com/watch?v=Q65pzBelBIc

VIDEO

Tiffany Alvoid: Eliminating Microaggressions: The Next Level of Inclusion, *TedX Talks*

https://www.youtube.com/watch?v=cPqVit6TJjw

RESOURCE LIBRARY

National League of Nursing's Taking Aim Resources, *National League of Nursing*

https://www.nlntakingaimdei.org/resources

ARTICLE

What to Know About Microaggressions in the Workplace, *Medical News Today*

https://www.medicalnewstoday.com/articles/microaggressions-in-the-workplace

VIDEO

The Science of Racism, *Creators for Change*

https://www.youtube.com/watch?v=rBWImda1Zig

VIDEO

Melinda Briana Epler: 3 Ways to Be a Better Ally in the Workplace, *Ted Salon*

https://www.ted.com/talks/melinda_briana_epler_3_ways_to_be_a_better_ally_in_the_workplace

VIDEO

Toya Webb: Dismantling Microaggressions Through the Power of Connection, *TedX Talks*

https://www.youtube.com/watch?v=NJWkSBtUag8

ARTICLE

Understanding Microaggressions: 8 Common Examples in the Workplace and Inclusive Alternatives, *Education First*

https://www.ef.com/wwen/blog/we-are-ef/understanding-microaggressions-in-the-workplace/

VIDEO

Anurag Gupta: How Does Implicit Bias Affect Health Care? *Institute for Healthcare Improvement*

http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Anurag-Gupta-How-Does-Implicit-Bias-Affect-Health-Care.aspx

RACISM //
Intersectionality

Definitions

Intersectionality is a term coined by Kimberlé Crenshaw, an American Lawyer, civil rights advocate and philosopher, and leading scholar of critical race theory. Intersectionality is a framework that examines how aspects of an individual's social identities intersect/ relate/ influence to create an individual's experience of discrimination and privilege or advantage and disadvantage. When we view the healthcare we provide through a lens of intersectionality, we are shining a bright light on all the parts of a patient, community, and population to examine all the identities, experiences, and lived histories that influence both the patient and their experience within the healthcare system. Then we can examine the influence these intersecting identities, experiences, and lived histories have on a patient's health and wellness. When we view people, populations, organizations, policies, procedures, and publications through the lens of intersectionality, we are considering all the intersections of identity, privilege, and oppression that people face so that our practices and actions can be just, effective, and equitable.

Resources

VIDEO
Intersectionality 101, *Learning for Justice*
https://www.youtube.com/watch?v=w6dnj2IyYjE

VIDEO
Kimberlé Crenshaw: What Is Intersectionality? *National Association of Independent Schools*
https://www.youtube.com/watch?v=ViDtnfQ9FHc

VIDEO
What Is Intersectionality and Why Is It Important? *ADP*
https://www.youtube.com/watch?v=3qhadch9oDo

ARTICLE
An Emancipatory Approach to Cultural Competency: The Application of Critical Race, Postcolonial, and Intersectionality Theories, *Advances in Nursing Science*
https://pubmed.ncbi.nlm.nih.gov/30285982/

VIDEO
Intersectionality and Health Explained, *Sociological Studies Sheffield*
https://www.youtube.com/watch?v=rwqnC1fy_zc

VIDEO
Intro to Intersectionality, *Taryn Lee Crenshaw*
https://www.youtube.com/watch?v=OWeDatP0cv4

VIDEO
Diversity & Inclusion: Intersectionality, *Culture Change Network of Georgia*
https://www.youtube.com/watch?v=fxVGAglk9iE

VIDEO
Kimberlé Crenshaw at Ted + Animation, *Kate Andersen*
https://www.youtube.com/watch?v=JRci2V8PxW4

ARTICLE
Intersectionality and the LGBT Cancer Patient, *Seminars in Oncology Nursing*
https://www.sciencedirect.com/science/article/abs/pii/S0749208117301183?via%3Dihub

Trauma-Informed Care

Definitions

Trauma-Informed Care is a framework that recognizes the effects of trauma and promotes resilience and healing. Trauma-informed care is based on the premise that more individuals than not will have experienced some form of trauma, often the result of systemic racism, history of abuse and violence, and adverse childhood experiences. Providers/systems can utilize the 4 R's of Trauma-Informed Care for implementation: Realize, Recognize, Respond, and Resist re-traumatization. Trauma-informed care involves adopting six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues; into an agency culture and practices.

Resources

VIDEO

What Is Trauma-Informed Care? *Trauma-Informed Care Implementation Resource Center*

https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

ARTICLE

Trauma-Informed Nursing Practice, *Online Journal of Issues in Nursing*

http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-24-2019/No2-May-2019/Trauma-Informed-Nursing-Practice.html

VIDEOS

Building a Patient-Centered, Trauma-Informed SANE Program, *Office for Victims of Crime*

https://www.ovcttac.gov/saneguide/building-a-patient-centered-trauma-informed-sane-program/

ARTICLE

Simone Biles Spoke About "Weight of the World" Pressure Before Olympics Exit, *Newsweek*

https://www.newsweek.com/simone-biles-weight-world-pressure-tokyo-olympics-team-gymnastics-exit-1613545

BOOK

My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts & Bodies, *Resmaa Menakem*

https://www.amazon.com/My-Grandmothers-Hands-Racialized-Pathway/dp/1942094477

RESOURCE LIBRARY

Trauma-Informed Care Implementation Resource Center Library

https://www.traumainformedcare.chcs.org/resources-for-becoming-trauma-informed/

ARTICLE

Trauma-Informed Care: What It Is, and Why It's Important, *Harvard Health Blog*

https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562

ARTICLE

How Do We Heal Our Loss and Trauma while the Pandemic Continues On? *Globe Opinion*

https://www.bostonglobe.com/2021/07/29/opinion/how-do-we-heal-our-loss-trauma-while-pandemic-continues/

RESOURCE LIBRARY

Structures and Self: Advancing Equity and Justice in SRH, *Innovating Education in Reproductive Health*

https://www.innovating-education.org/course/ structures-self-advancing-equity-and-justice-in-sexual-and-reproductive-healthcare/

BOOK

The Trauma of Racism: Exploring the Systems and People Fear Built, *Alisha Moreland-Capuia*

https://www.amazon.com/Trauma-Racism-Exploring-Systems-People/dp/3030734358
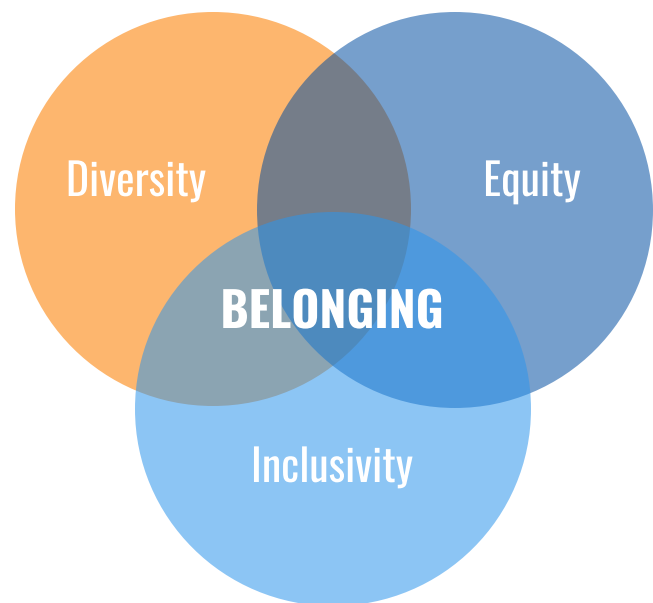
Inclusivity & Belonging

Definitions

Inclusivity is the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those having physical or mental disabilities or belonging to other minority groups. Inclusivity is a set of behaviors that encourages employees of all backgrounds and abilities to feel that they are valued, treated fairly, and respected, have equal access to opportunities and resources, and can contribute fully to the organization's success.

Promoting and supporting diversity in the workplace is an important aspect of good people management; it is about valuing everyone in the organization as an individual. However, to reap the benefits of a diverse workforce, it is vital to have an inclusive environment where everyone feels able to participate and achieve their potential.

Belonging is the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group or place. It is the fundamental drive to form and maintain lasting, positive, and significant relationships with others. In the workplace, these relationships can be extended to the organization and its values and to the work itself. Belonging means feeling valued through positive connections with others and the ability to bring one's authentic self to work.

Belonging can be thought of as an outcome of inclusivity—and true inclusivity cannot exist if individuals feel that they do not belong. Inclusivity is an action; belonging is a feeling.

Continued

Resources

VIDEO

Dawn Bennett-Alexander: Practical Diversity: Taking Inclusion from Theory to Practice, *TedX Talks*

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Taking a Stand: The Path Forward

This Tool Kit for Addressing Racism in Nursing and Healthcare is a resource for nurses and nurse leaders at all levels to increase their awareness of barriers to an inclusive workplace and provides actionable strategies for overcoming such barriers. Organizations and departments should use this Tool Kit as part of their broader efforts to create a more diverse, equitable, and inclusive workplace and improve the quality of care and outcomes for patients.

> **Thank you for leading these important efforts to confront racism and build a more diverse, equitable, and inclusive workplace, healthcare system, and community. It is our responsibility and ethical obligation to undertake this important work. When nurses take a stand, we can make a difference.**

Reflection, Discussion, and Next Steps

After reviewing the information in this Tool Kit and thinking about your role in advancing diversity, equity, inclusivity, and belonging in your organization, it may be helpful to reconsider the following questions:

- From where within the organization is this work led? Who oversees or is accountable for it? Is this the right structure to advance the work?

- Does your organization have a standardized assessment tool, such as a Staff Engagement Survey, the National Database of Nursing Quality Indicators (NDNQI) (https://www.health-links.me/web/ndnqi.html), or the Press Ganey Equity Partnership (https://healthcare.pressganey.com/LP=1395)?

- Is this work embedded within the Department of Nursing's strategic plan?

- Is there a larger Diversity, Equity, Inclusivity, and Belonging committee already in place within your organization with which you can connect?

Breaking down racial barriers and building inclusive environments requires partnership, collaboration, and crucial conversations. Nurses must leverage their influence and societal trust to confront racist actions, raise awareness, and address biases. Advancing institutional awareness will require initiating uncomfortable yet meaningful dialogue with frontline nurses, nurse managers, nurse executives, and colleagues throughout the organization.

Structure: Sustaining the Path Forward

In creating this Tool Kit, ONL's DEIB Task Force sought to provide resources for dismantling systemic racism in our healthcare institutions. We recognize that this work needs to be maintained over time to make meaningful change. It cannot be a single conversation within a nursing department, which is then replaced by the next priority, and the next, and the next.

We strongly encourage you to consider structures and mechanisms to keep this a relevant priority. Potential strategies could include: a dedicated committee; clearly articulated strategic goals within a strategic plan; or quantifiable metrics which can show baseline data, interventions, and improvement across time.

> "
> **It is our responsibility and ethical obligation to undertake this important work. When nurses take a stand, we can make a difference.**

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